GIC RETIREE/SURVIVOR ENROLLMENT/CHANGE FORM (FORM-RS)

Commonwealth of Massachusetts
Group Insurance Commission

INSURED INFORMATION

REQUIRED

Insured Information	GIC-ID (usually Soc. Sec. #) – –	Sex ☐ M ☐ F	Date of Birth / /	Dept. ID # or Agency/Division # /
	Name – Last	First	MI	
Address	Street	City	State	Zip
Contact Information	Home Phone ( )	Cell Phone ( )	Email	Country *(if not USA)*
Claim Number	Insured's Medicare Claim #	Spouse's Medicare Claim #		

Retirement Information	Name of State Agency or Municipality retired from	Do you receive a monthly pension from a public retirement system? ☐ Yes ☐ No	Date of Retirement / /
Survivor Information	Name of Deceased Employee or Retiree	Deceased Employee's/Retiree's Soc. Sec. # - -	Have you remarried? ☐ Yes Date of remarriage____/____ /_____ ☐ No

REQUIRED

Select all that apply:

- ☐ New Enrollment (New Eligibility)
- ☐ Adding Dependent(s)
- ☐ Dropping Dependent(s)
- ☐ Address Change
- ☐ Name Change
- ☐ Annual Enrollment
- ☐ Decline all GIC coverage

Qualifying Status Change Date of Event: ____ / ____ / _____

- ☐ Marriage
- ☐ Birth/Adoption
- ☐ Divorce/Legal Separation
- ☐ Change in Dependent Eligibility Status
- ☐ Gain of Other Coverage
- ☐ Involuntary Loss of Other Coverage
- ☐ Death of spouse/dependent
- ☐ Spouse's Annual Enrollment
- ☐ Moved out of health plan's service area

MEDICARE PLAN – Select one if you and/or your spouse/covered dependents are enrolled in Medicare.

Effective Date: /01/

- ☐ Fallon Senior Plan (HMO)
- ☐ Harvard Pilgrim Medicare Enhance (Indemnity)
- ☐ Health New England MedPlus (HMO)
- ☐ Tufts Medicare Complement (HMO)
- ☐ Tufts Medicare Preferred (HMO)
- ☐ UniCare State Indemnity Medicare Extension CIC: ☐ Yes ☐ No

Medicare Coverage Election

- ☐ Individual
- ☐ Individual and spouse
- ☐ Family

Check all that apply:

- ☐ Individual on Medicare
- ☐ Spouse on Medicare
- ☐ Dependent(s) on Medicare

NON-MEDICARE PLAN – Select one if you and/or your spouse/covered dependents are not enrolled in Medicare.

- ☐ Fallon Direct (HMO)
- ☐ Fallon Select (HMO)
- ☐ Harvard Pilgrim Independence (POS)
- ☐ Harvard Pilgrim Primary Choice (HMO)
- ☐ Health New England (HMO)
- ☐ NHP Prime–Neighborhood Health Plan (HMO)
- ☐ Tufts Health Plan Navigator (POS)
- ☐ Tufts Health Plan Spirit (HMO-type)
- ☐ UniCare State Indemnity/Basic CIC: ☐ Yes ☐ No
- ☐ UniCare Community Choice (PPO-type)
- ☐ UniCare/PLUS (PPO-type)

Non-Medicare Coverage Election

- ☐ Individual
- ☐ Family

SPOUSE/DEPENDENT INFORMATION *(See instructions on back)*

For Changes Only	LAST NAME	FIRST NAME	MI	SSN (REQUIRED)	DATE OF BIRTH	SEX	RELATIONSHIP
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	
☐ Add ☐ Drop					/ /	☐ M ☐ F	

FORMER SPOUSE INFORMATION – If Listed Above

Date of Divorce: / /

Are you remarried? ☐ Yes ☐ No	Date of your remarriage: / /	Has your former spouse remarried? ☐ Yes ☐ No	Date of former spouse's remarriage: / /
Address: Street		City	State / Zip

SIGNATURE REQUIRED

AUTHORIZATION – I have read the instructions on the reverse side of this form and direct my pension authority to deduct from my pension check the amount required for the coverage I have selected. I understand that my health insurance coverage elections are binding for the duration of the plan year and that I may only enroll in health insurance or change my coverage elections during the plan year if I experience a qualifying status change (examples include marriage, adoption/birth of a child, death of a dependent, and involuntary loss of other coverage). I understand that the GIC must receive any required documentation within 60 days of the event.

Signature of Applicant:_____ Date: _____

Signature of Authorized Official: _____ Date: _____

For GIC Use Only	Entered	Verified	Political Subdivision

(See over for Form-RS instructions)

GIC RETIREE/SURVIVOR ENROLLMENT AND CHANGE FORM (FORM-RS) INSTRUCTIONS

Use this Form-RS to make GIC health plan changes for a qualifying status change, at Annual Enrollment, and for enrolling in GIC health insurance for the first time at retirement.

For an overview of your GIC health insurance benefit options, see the GIC Benefit Decision Guide www.mass.gov/gic/bdgs.

Deadlines and Required Documentation

- **Required documentation:** To add a spouse or dependent to coverage, documentation is required. Visit our website for the Required Documentation list: www.mass.gov/gic/forms.
- If you and/or your spouse is **Medicare eligible** and ***not already enrolled in GIC Medicare*** coverage, the following documentation must accompany this form:
  - Photocopy of your Medicare Card (include a copy of spouse's card if applicable).
  - Photocopy of your latest 1099 or the Benefit Verification letter printed from Social Security's website stating how your monthly Part B premium is paid (e.g., you are being directly billed by Social Security or it is being deducted from your Social Security check). Include this same documentation for your spouse, if applicable.
- If you and/or your spouse are over age 65 and ***not eligible for Medicare*** and have not already provided the following documentation to the GIC, it must accompany this form:
  - Social Security Denial letter stating that you and/or your spouse are not eligible for Medicare Part A for free.
- **Annual Enrollment:** Completed paperwork and required documentation must be received by the GIC (retirees and survivors) by the end of the Annual Enrollment period.
- **Qualifying Status Change:** Retirees and survivors with a qualifying status change must submit completed forms with proof of the qualifying status change (e.g., address change) to the GIC within 60 days of the qualifying event.

Enrolling in health insurance for the first time: Use this form in addition to Form-1A to enroll at retirement in GIC health insurance for the first time. You must send with this form a copy of the letter from your retirement board approving your retirement. State retirees only be aware that your health insurance election includes basic life insurance.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a Non-Medicare plan until you and/or he/she becomes eligible for Medicare. Be sure to choose "individual" Non-Medicare coverage if only covering one Non-Medicare family member; select "family" Non-Medicare coverage if covering two or more Non-Medicare family members.

If this is the case, you must enroll in one of the pairs of plans listed below:

Non-Medicare Plan	Medicare Plan
Fallon Health Direct Care	Fallon Senior Plan
Fallon Health Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/Medicare Extension (OME)

Note that the above options do not apply to Retired Municipal Teachers (GIC RMTs). See the *Benefit Decision Guide* or our website for GIC RMT options.

If Enrolling in Fallon Senior Plan: If enrolling in this Medicare plan, the GIC will notify the plan to forward their Medicare application to you to complete and return.

If Currently Enrolled in Fallon Senior Plan or Tufts Medicare Preferred and Changing Plans: If you are currently enrolled in one of these GIC Medicare Plan options and are changing plans, you and your covered spouse, if applicable, must dis-enroll from the plan. Please also complete and return to the GIC a Medicare Advantage Plan dis-enrollment form, available at www.mass.gov/gic/forms.

Form and Documentation Submission: Return completed form and documentation to the GIC, P.O. Box 8747, Boston, MA 02114

(See over for Form-RS)